

**COVENANT OF EQUAL OPPORTUNITY**  
**(Application for Clearance – Terms Enforced After Contract is Awarded)**

I, being a duly authorized representative of the \_\_\_\_\_, (hereinafter "Contractor"), do hereby enter into a Covenant of Equal Opportunity (hereinafter "Covenant") with the City of Detroit, ("hereinafter" City); obligating the Contractor and all sub-contractors not to discriminate against any employee or applicant for employment, training, education, or apprenticeship connected directly or indirectly with the performance of the contract, with respect to his or her hire, promotion, job assignment, tenure, terms, conditions or privileges of employment because of race, color, religious beliefs, public benefit status, national origin, age, marital status, disability, sex, sexual orientation, or gender identity or expression.

I understand that it is my responsibility to ensure that all potential sub-contractors are reported to the City of Detroit Human Rights Department and have a current *Contract Specific* Clearance on file prior to working on any City of Detroit contract. I further understand that the City of Detroit reserves the rights to require additional information prior to, during, and at any time after the Clearance is issued.

Furthermore, I understand that this covenant is valid for the life of the contract and that a breach of this covenant shall be deemed a material breach of the contract and subject to damages in accordance with the City of Detroit Code, Ordinance No. 27-3-2, Section (e).

RFQ / PO No. \_\_\_\_\_

Printed Name of Contractor: \_\_\_\_\_  
(Type or Print Legibly)

Contractor Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(City) (State) (Zip)

Contractor Phone/E-mail: \_\_\_\_\_ / \_\_\_\_\_  
(Phone) (E-mail)

Printed Name & Title of Authorized Representative: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\* This document MUST be notarized \*\*\*

Signature of Notary: \_\_\_\_\_

Printed Name of Seal of Notary: \_\_\_\_\_

My Commission Expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please return with Bid Packaged**

For Office Use Only:	
Cov. Rec'd: ____ / ____ / ____ in	Department Name: _____
<input type="checkbox"/> Accepted by: _____	<input type="checkbox"/> Rejected by: _____
Please email or fax Covenant and Award Letter to Director of Human Rights Department 1026 CAYMC at <a href="mailto:HumanRightsCL@detroitmi.gov">HumanRightsCL@detroitmi.gov</a> or fax (313) 224-3434.	